

Liz Angel

Registered Psychologist

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Medicare Provider No.

Psychology Board of Australia No. PSY0001013013

Australian Association of Psychologists M. No. 1300

Liz Angel Consultancy

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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Nature and Purpose of the Psychological Service

As part of providing a psychological service, including assessments and counselling, Liz Angel will need to collect and record personal information pertaining to you. This information is a necessary part of the psychological assessment and treatment.

Psychology services vary depending on the personalities of the psychologist and client and the particular reasons you are seeing a psychologist. Your psychologist may use many different methods to deal with the problems that you hope to address. Psychology and psychotherapy require a very active effort on your part. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve evaluating your needs. By the end of the evaluation, your psychologist will be able to offer you some first impressions of what our work will include and a treatment plan to follow. If you have questions about the procedures, you and your psychologist should discuss them when they arise. You can cease therapy with your psychologist at any time. If you feel uncomfortable with what is happening in a session, you may request that the session cease at any time.

Liz Angel is committed to respecting and incorporating cultural safety into practice. Please inform Liz Angel about any cultural considerations that are important to you in the way services are provided and who you would like involved in your care. Please also inform Liz if you have specific access support needs (resources provided in specific formats), communication support needs such as interpreting, the use of assistive technology, or resources provided in different languages, or any other support needs in order to assist your participation.

Access to your information

Relevant personal information about the current situation will be collected and recorded as part of providing psychological services. The information will assist in providing appropriate and thorough service. The information will be stored in a secure location. Psychologists are required to keep your file for a minimum of 7 years or, if clients are under the age of 18 at the time of treatment, until they are 25 years of age.

Files of clients are held on the clinic's practice management software/on secure cloud-based storage system.

You may access the information in your file on request, subject to the exceptions in the Privacy Act 1988 (<https://www.legislation.gov.au/C2004A03712/latest/text>).

Confidentiality and Privacy

If information about you is required from another person, such as a parent or partner, this will be discussed with you beforehand, and your permission will be sought. Please note that we will not engage with you in public or online in a way that will identify you as a client. This is to protect your privacy and due to the requirements to uphold professional boundaries. Please personally contact your psychologist to engage with them rather than approach them on social media or in public forums.

All personal information gathered by the psychologist during the provision of psychological service will remain confidential and secure except when:

1. A court subpoena or other disclosure is required or authorised by law
2. Your consent cannot be gained due to a requirement to get you emergency services during a medical crisis
3. If there is unauthorised access to data held by the clinic some limited information may need to be shared with the Office of the Information Ombudsman.
4. Failure to disclose the information would place you or another person at risk of harm
5. Given your prior approval or consent of a parent or guardian who is legally authorised to act on your behalf to provide a written report to another professional or agency or discuss information with another person, e.g., parent or employer
6. You have provided your consent to share your information for a specific reason and purpose.
7. You would reasonably expect your personal information to be disclosed to another professional or agency, and disclosure is directly related to the primary purpose for which it was collected, such as to inform your GP of treatment and progress, to claim Medicare rebates on your behalf etc.
8. Clinical consultation with another professional is required to provide better services. If this occurs, identifying details will remain confidential.

If, during your treatment, Liz Angel becomes aware of a risk to someone's life, health, or well-being, the psychologist is required to report the matter to the appropriate agencies.

Please see the Privacy Policy for the Management of Personal Information for further information.

Session Fees (fees will be reviewed in January each year)

My agreed fee is \$_____ per session (one-hour duration) and is payable at the time of consultation.

Session fees to be charged to a third party:

Third-Party Name: _____

Contact Person: _____

Contact Details: _____

Approval Number: _____

I understand that my treating psychologist is entitled to set the professional fee as outlined. I understand and accept that it is my responsibility to pay my treating psychologist the upfront professional fee as documented. If I am eligible for Medicare rebates, I understand I am required to pay the full amount and am responsible for claiming the Medicare rebate directly from Medicare myself.

I understand and agree to pay the professional fee to my treating psychologist in the method that has been outlined prior to the provision of the service or immediately upon to the conclusion of the service provided. I understand that I can ask questions and discuss concerns about the professional fees with my treating psychologist at any time.

Private Health Insurance

Some health insurance policies cover psychology services. Please check with your insurance company as to what you are eligible for.

Medicare Rebates

Under the Medicare Benefits Schedule (Better Access), Medicare rebates are available to clients with an assessed mental disorder. Medicare rebates are accessed with a Mental Health Treatment Plan and referral from a medical practitioner such as a GP, psychiatrist, or paediatrician. The rebate is limited to a maximum of 10 sessions per calendar year and is only available with a valid referral. Please note the maximum number of sessions per referral is six, and rebates will not be given beyond the number stated on the referral.

Cancellation Policy

If you need to cancel or postpone your child's appointment, please give at least 48 business hours' notice - a 100% fee will be charged for all missed appointments or late cancellations. This fee will need to be paid on or before your next visit. Please make every effort to notify the practice if you

cannot attend an appointment - there are often other clients waiting for appointments, and it would be appreciated if other clients could be given the opportunity to come in. To cancel or rearrange an appointment, please call or sms Liz Angel on 0414498390.

Emergency

In an emergency, please go to the nearest hospital's emergency department or call 000. For further information, refer to the website for your local health district. You may also find it helpful to call Lifeline on 13 11 14 for out-of-hours phone support.

Consent

I, (print name) _____ have read and understood the above consent form provided by Liz Angel and have had the opportunity to have any questions I may have about it answered. **I agree with the psychological service provided and the associated fee I am required to pay.**

Signed (Client/ Parent*/ Guardian*): _____

Print name: _____

Date: _____

*For clients unable to give informed consent.

This consent is valid for the period of psychological service, and will be reviewed with you when you request this, if the nature of your treatment changes.